

JOINT AREA PRESCRIBING COMMITTEE (JAPC) DECISION AND JUSTIFICATION LOG

Meeting Date: 8th July 2025

Updated by: Policy Team

Ethical Framework

Chair to ensure that all decisions made are in line with the [ICBs Ethical Framework](#), following examples of evidence of clinical and cost effectiveness, health care need and capacity to benefit, policy driver/strategic fit.

Declarations of Interest

Committee members are reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the ICB.

Declarations declared by members of the JAPC are listed in the Register of Interests and included with the meeting papers. The ICB's Registers of Interests are also available via the ICB's Corporate Governance Manager.

Agenda Item number	Agenda Item Title	Owner	Summary of Discussion	Decision & Justification	Action(s)
	Confirmation of Quoracy	Chair	Confirmed		
	Declarations of Interest for today's meeting	Chair	None		
1	Apologies	Chair	Andrew Mott		
2	Conflict of interest declarations a. Register of interests	Chair	None declared Chair shared the register for information	Noted	
3	Declarations of any other business	Chair	None		
4	JAPC Action Summary July 2025	Chair	For ratification	Ratified	

5	JAPC Decision & Justification Log June 2025	Emily Khatib	For ratification	Ratified with minor amendment	Publish on website
6	Matters Arising		None this month		
7	JAPC Bulletin DRAFT June 2025	All	For ratification	Ratified	Publish on website
8	New Drug Assessment /Traffic Light Addition		None this month		
9	Clinical Guidelines		None this month		
10	PGDs		None this month		
11	Shared Care		None this month		
12	Miscellaneous a. Daridorexant	Emily Khatib	Daridorexant prescribing data for period May 2024 to April 2025 was collected to monitor uptake of the drug since the traffic light classification was changed from RED to GREY in July 2024. It was agreed that data would be analysed in October 2025 when the full 12-months' data is available.	Noted	
	a. High-cost drug (HCD) working group	Alison Muir	At the HCD meeting on June 26th it was agreed that high-cost drugs pre-approval forms for lipid regulating drugs would be changed so that only an initiation form is now required on the Blueteq system. There are no criteria for continuation of the drugs past 12 months, so the continuation form was felt to be obsolete. To provide the necessary assurance, the initiation form has been updated to include a declaration that the prescriber will review treatment at 12 months and discontinue if not of benefit.	Noted	

			<p>The ulcerative colitis HCD algorithm has been updated to include Risankizumab (TA998 Aug 24) this is the last line choice based on cost.</p> <p>Continuation forms for high-cost migraine drugs will be discussed at the next HCD working group meeting.</p>	Algorithm agreed	Publish on website
	b. New local horizon scan process	Emily Khatib	<p>A new process for horizon scanning has been developed to improve financial planning, awareness of upcoming medicines and timely reassessment of existing medicines which may be suitable for re-classification.</p> <p>This incorporates local intelligence (via DTCs or past JAPCs), new or upcoming NICE Technology Appraisals (TAs), NICE guidance and license changes. It only lists new TAs where it is expected the medicine will be considered for primary care prescribing (as per SPS Prescribing Outlook).</p> <p>An updated version of the document will be circulated at future JAPC meetings and a new standing agenda item will be added, after the JAPC Action Summary.</p>	New process agreed	To be added as a regular agenda item
	c. Proposed pharmacy governance 2025	Emily Khatib & Jasvinder Kaur	<p>The proposed changes to the JUCD Medicines and Pharmacy Governance Structure were presented to JAPC members. Members were asked to consider the proposed changes and provide feedback.</p> <p>The proposal will also be discussed at upcoming Derbyshire Prescribing Group (DPG) and Integrating Pharmacy and Medicines Optimisation (IPMO) meetings. Collated feedback and updates will be presented at a future JAPC meeting.</p>	Noted	JAPC members to be informed of future updates
	d. Specialised circulars		For information	Noted	
13	<u>Subgroups of JAPC</u> a. Guideline Group Key Messages June 2025	Alison Muir	Traffic light amendments: None this month	Noted	

			<p>Formulary Chapter Updates</p> <p>Chapter 6 – Endocrine: Novorapid, Humalog and Lantus insulins updated to say for existing patients only and to consider biosimilar. Levemir discontinuation included. Maximum recommended dose for metformin included & information regarding vit B12 deficiency added. Pioglitazone/metformin combination products classified as DNP. Levothyroxine 75mcg tablets removed as significantly less cost effective to encourage using other strengths. Gastroprotection statement added to corticosteroids section. Statement added that alendronate prescribed for men is off label but widely used. Information added for when to refer to specialists when using oral bisphosphonates.</p> <p>Chapter 7 – Obs, Gynae & Urinary Tract: Clarification of Vagifem brand DNP. Information added that some generic manufacturers provide single use applicators for vaginal oestrogens, pharmacy would need to order in specific generic if single use plastic required by patient. Feanolla removed due to discontinuation. Information added on OTC progesterone only pills. Clarification regarding depot medroxyprogesterone acetate and its use in those under 18 years of age, information included regarding effect on bone mineral density. Information regarding MRHA October 2024 – increased risk of meningioma while using medroxyprogesterone acetate. Information added regarding when copper intra-uterine devices can be used for emergency contraception. Emerress & Upostelle brands of levonorgestrel removed, generic on formulary. Caverject brand of alprostadil removed, generic on formulary. Information regarding topical preparations for management of premature ejaculation OTC added.</p>		
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			<p>Clinical guidelines (minor updates) & website changes</p> <p>The Nutrition & Hydration Pack for Care Homes has been reviewed in conjunction with dieticians and speech and language therapists. Updated IDDSI framework used with additional Level 7 subcategory of 'Easy to Chew' and removal of the previously used descriptors. Weblinks updated and new link added to BDA Care Home Digest.</p> <p>The Management of Undernutrition in Adults guideline has been updated to reflect the change of first-line formulary choices for Derbyshire.</p> <p>Updates to the Greener Inhaler Prescribing guidance include the addition of carbon footprint reduction targets from 25/26 GP Quality Schedule. The removal of the MOU between NHSE and CCGs as this is out of date. IIF target information for PCNs was removed as no longer applicable. The MHRA safety alert re SABA risk in overuse and changes to SABA prescribing guidelines was added. Information was added for AIR/MART therapy with a link to the local version of the NICE/SIGN/BTS algorithm. The carbon footprint of inhalers table has been simplified and updated to show carbon footprint rating of all inhalers in the Derbyshire formulary. The Greener Practice website added as a useful resource and information on the Greener Practice Asthma toolkit was updated.</p> <p>The Azithromycin shared care agreement was reviewed; no changes made.</p> <p>The Request Form for Weekly Prescriptions document has had minor updates CCG replaced with DDICB.</p> <p>A link has been added to the Strong Opioids section of Chapter 4, directing to an equivalent dose of opioids</p>		
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			<p>table in the Derbyshire End of Life Symptom Management guideline.</p> <p>An additional resource has been added to the Information & Support section of the Insomnia Daridorexant Prescribing Guideline - a free sleep app called Sleepful.</p> <p>The preferred choice mouthwash for dry mouth has been changed from BioXtra to Biotene.</p> <p>A link to 'Urinary tract infection: diagnostic tools for primary care' - GOV.UK has been added to the Chapter 5 page.</p> <p>A link to NHS Type II Diabetes Path to Remission programme (referrer information) has been added to the Chapter 6 page in addition to the link on the Nutrition & Blood chapter.</p>																					
b. High-Cost Drugs Working Group	Alison Muir	<p>Verbal update given on biosimilar uptake figures for UHDB and CRH.</p> <p>Both trusts are now above the 80% uptake target for ustekinumab. Monitoring will continue until September to allow for any increase due to the Pyzchiva pen being launched.</p> <table><tr><th colspan="5">Monthly uptake for all Ustekinumab</th></tr><tr><th>Trust</th><th>Drug</th><th>Apr-25</th><th>May-25</th><th>Jun-25</th></tr><tr><td>CRH</td><td>Ustekinumab (Wezenla) Cumulative % uptake</td><td>Crohn's : 94% UC: 81% Derm: 95%</td><td>Crohn's:97% UC: 88% Derm: 95%</td><td></td></tr><tr><td>UHDB</td><td>Ustekinumab (Pyzchiva) Cumulative % uptake</td><td>non UC=87% UC=79%</td><td></td><td>non UC=91% UC=85%</td></tr></table>	Monthly uptake for all Ustekinumab					Trust	Drug	Apr-25	May-25	Jun-25	CRH	Ustekinumab (Wezenla) Cumulative % uptake	Crohn's : 94% UC: 81% Derm: 95%	Crohn's:97% UC: 88% Derm: 95%		UHDB	Ustekinumab (Pyzchiva) Cumulative % uptake	non UC=87% UC=79%		non UC=91% UC=85%		
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14	a. MHRA Drug Safety Roundup June 2025	Chair	For information	Noted																																																											
15	Horizon Scan a. Monthly Horizon Scan May 2025	Emily Khatib	<p>Each month SPS publishes its new drugs monthly newsletter. This agenda item is for JAPC to acknowledge new drug launches and to agree or comment upon the suggested actions.</p> <p>TLC amendments:</p> <p>Nemolizumab (<i>Nemluvio</i>) 30mg in 0.49mL prefilled pen Classify as RED as per NHSE commissioning intentions</p> <p>Sildenafil citrate (Silandyl) 50mg, 75mg and 100mg orodispersible films. Classify DNP</p>	Traffic light classification agreed	Update on website																																																										

16	NICE Template June 2025	Emily Khatib	<p>Classify as per below in line with NICE TAs:</p> <p>TA1066: Somapacitan for treating growth hormone deficiency in people 3 to 17 years. Classify RED</p> <p>TA1067: Linzagolix for treating symptoms of endometriosis. Classify RED</p> <p>TA1068: (terminated appraisal) Tislelizumab for treating unresectable advanced oesophageal squamous cell cancer after platinum-based chemotherapy. Classify DNP</p> <p>TA1069: Efgartigimod for treating antibody-positive generalised myasthenia gravis. Classify RED</p> <p>TA1070: Spesolimab for treating generalised pustular psoriasis flares. Classify RED</p> <p>TA1071: (updates and replaces TA823) Atezolizumab for adjuvant treatment of resected non-small-cell lung cancer. Classify RED</p> <p>TA1072: (terminated appraisal) Tislelizumab for treating advanced non-small-cell lung cancer after platinum-based chemotherapy. Classify DNP</p> <p>TA1073: Marstacimab for treating severe haemophilia A or B in people 12 years and over without anti-factor antibodies. Classify RED</p> <p>TA1074: Sparsentan for treating primary IgA nephropathy. Classify RED</p>	Traffic light classifications agreed	Update on website
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			TA1078: (terminated appraisal) Fosdenopterin for treating molybdenum cofactor deficiency type A. Classify DNP		
17	MORAG		No update this month		
18	Minutes of other prescribing committees a. CRH D&T minutes May 2025 b. DCHS MOST minutes May 2025	Emily Khatib	For information	Noted	
19	a. AOB		None this month		

Date of Next meeting: Tuesday 12th August 2025